



BREAKFAST

**1. During the past week, did you eat a breakfast that included at least 3 food groups?**

- Yes
- No

**2. Within the next week, how often will you eat a breakfast that includes at least 3 food groups?**

- Same as before
- More often

**Please share with us how this workshop will help you and your family:**

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(ITC 2/22/13: breakfast)



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